

# Laparoscopy

## What is a Laparoscopy?

A laparoscopy, or key-hole surgery, is a minimally invasive surgical technique. Typically, 3 or 4 small cuts are made into your tummy and ports are created to insert a camera and small instruments to perform surgery without having to open the abdomen or create large abdominal scars. It is an operation performed under general anaesthetic by an experienced gynaecologist.

## Why do I need a Laparoscopy?

Laparoscopies are performed for a variety of reasons including:

- Diagnosis - assessing for causes of pain or abnormal bleeding which have not been picked up in other ways (eg. on a blood test or a scan)
- In emergencies: treatment of ectopic pregnancy, ovarian torsion, cyst accident
- Treatment of endometriosis, where the tissue that lines the womb is found outside of the uterus
- Treatment of adhesions (scar tissue) which may have developed due to endometriosis or pelvic inflammatory disease
- As part of a vaginal hysterectomy
- Removal of an ovarian cyst – cystectomy, or removal of an ovary – oophorectomy
- Sterilisation
- To treat fibroids

## What to Expect

Your doctor will explain to you the benefits and risks of a laparoscopy and ask you to sign a consent form for the operation if you wish to proceed. We will answer any questions or concerns you have. You may require a pre-operative assessment with an anaesthetist 1 or 2 weeks prior to the operation.

If your laparoscopy is to diagnose a condition, you will likely have the procedure as a 'day case' and go home the same day. If you are having the procedure to treat a condition, you may need to stay in hospital overnight. You may also need to stay overnight if any complications arise.

A laparoscopy is usually done under general anaesthesia, which means you are put to sleep during the operation. You usually need to stop eating about six hours before your operation and only drink clear fluids up to two hours before. After this, you will need to be nil by mouth.

You will be asked to wear compression stockings to help prevent blood clots developing in the veins in your legs, also known as a DVT (deep vein thrombosis) Based on your risk factors, you may also need an injection of an anticlotting medication.

Your consultant will meet you prior to the procedure, go over the consent form and answer any questions you have before proceeding.

You will be taken to the operating theatre where the anaesthetic team will insert a cannula (a small tube similar to a blood test which stays in your arm so you can have medication through a drip) and put you to sleep.

The operation usually takes about 30-60 minutes if it is for diagnostic purposes, and it will take longer if you need a condition treated.

You will have a catheter to empty your bladder. This may stay in overnight. Your doctor will make 3 or 4 small cuts in your lower tummy, including one in your tummy button. They'll then put a tube through one of these cuts and pass carbon dioxide gas through to gently inflate your tummy so they can see better. A laparoscope (camera) is passed into the tummy so that your doctor can see everything inside the tummy in detail on a computer screen. Other instruments may be passed through the cuts if tissue samples are needed or in order to treat a condition.

At the end of the procedure, your doctor will close the cuts, usually with dissolvable stitches or glue, and then cover them with dressings. Sometimes you will have some local anaesthetic injection at the sites of the cut to help with pain relief when you wake up.

## After Your Laparoscopy

After your operation, it will take some time to come round from the general anaesthetic and sometimes a number of hours to stop feeling sleepy. If you need pain relief or medication for nausea, your nurse can administer this to you.

You'll usually be able to go home after a few hours if you feel ready. It is important to have someone to pick you up and look after you for 24 hours. After a general anaesthetic, it is recommended you do not drink alcohol, drive, operate heavy machinery or sign important documents for 24 hours.

You may experience light vaginal bleeding for a few days, as well as some tummy pain. Wear sanitary pads, rather than tampons to monitor the bleeding – if this becomes heavy it is important to let your consultant know.

Your consultant and nurse will give you advice about caring for your wounds. Generally, the stitches dissolve over a few weeks and once dressings fall off you can simply keep wounds clean and dry. Avoid washing in a bath for 2 weeks, but showering (without shower gel on the wounds) and patting dry is a good way to keep the area clean. If you need stitches removed, you will be informed.

## Recovery

You will be ready to go home when your pain is controlled, if vaginal bleeding is light, you are able to eat and drink, you have passed wind (it may take several days to open your bowels) and you feel well enough to go home.

You will be given pain relief and laxatives to go home with, as well as any follow-up advice.

You should be mobile to help reduce the risk of clots developing in your legs and help regulate your bowels. Avoid heavy lifting and strenuous exercise.

Depending on the specifics of your operation, you may feel better anywhere between a few days and a few weeks following your laparoscopy. Some people will be ready to return to work the following week, whilst others need a little more time.

You shouldn't drive until you are fully recovered, as you need to be able to perform an emergency stop safely.

You can resume sexual intercourse when you feel ready and comfortable.

Your consultant will be able to give you more advice on this.

## Complications

Although most laparoscopies go without problems, like any operation, you should be aware of complications.

When you get home, if any of the following happen, let your consultant know:

- Pain when you pass urine, or increased urinary frequency – signs of a urine infection
- Red skin around your scars, oozing, fever – signs of a wound infection
- Worsening tummy pain or a swollen tummy
- Unable to pass wind, vomiting, prolonged constipation
- A red, swollen and painful lower leg or chest pain and shortness of breath – signs of a blood clot